

WITH UNRECORDED INK-RECORD IS A PERMANENT RECORD
N. B.-In case of monozygotic twins, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133
Registered No. 296

1. PLACE OF BIRTH

County Pima State Arizona
District or Township Concentrate Hill or Village _____
City Miami No. 305 Tinkerville St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

3. Sex of Child female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Dec 2 1923
Month Day Year

8. FATHER
Full name Joseph Mahlon Smithson

14. MOTHER
Full maiden name Genevieve Lita Wilson

9. Residence (Usual place of abode) Bafford, Arizona
If non-resident, give place and state. Bafford Arizona

15. Residence (Usual place of abode) Bafford, Arizona
If non-resident, give place and state. Bafford Arizona

10. Color or race White
11. Age at last birthday 29 (Years)

16. Color or race White
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Bafford
(State or country) Arizona

18. Birthplace (city or place) Socorro
(State or country) New Mexico

13. Occupation Rancher
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 2 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year

Address Miami, Arizona
Filed Oct 12, 1924 C. E. Davis
Registrar

Registrar

025-1002-765